Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2/25/2010</u>	Address:	<u>10 EMS W 29 Lane</u>
Case #:	24F31229		North Webster, In 46555
County:	<u>Kosciusko</u>	÷	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
Items Four	nd: Location (bedroom, kitchen, open ai	<u>r, etc)</u>	
(check all that apply) Lithium/Ammonia Reaction(s): Bedroom/bathroom			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>Bathroom</u>			
Water Reactive Metal (Lithium): <u>Bedroom</u>			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): <u>Kids bedroom</u>			
Corrosive Acid: bathroom			
Corrosive Base:			
Other (item and location):meth-bedroom/living room			
\boxtimes Yes $\underline{2}$ (\square No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: North Webster	Fax: <u>574-834-5668</u>	
Health Department: Kosciusko Co.		Fax: <u>(574)</u> Fax: <u>574-2</u>	
Child Prote	ction Service: Kosciusko Co.		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.